

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/018349**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2		2		
5		2		2		
6	1					
7		2		2		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17		4		4		
18		0		0		
19		0		3		
20		0		3		
21		0		0		
22		0		0		
23		0		0		
24		0		0		
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48						
49						
50						
TOTAL IND.	8		7			
TOTAL DEP.	23		28			
TOTAL CLAIMS	31		35			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS